COMMITMENT TO GENERAL REVIEWS BY ARCHITECT AND ENGINEERS

THIS FORM TO BE COMPLETED BY THE OWNER OR OWNER'S AUTHORIZED AGENT, AND SIGNED BY ALL CONSULTANTS RETAINED FOR GENERAL REVIEWS

Project Description:			Pari A - Owner's	Undertaking		Permit Application No.
Address of Project:					L	Municipality:
NOW THEREFORE the 0 1. The undersigned determine wheth permit, in accord 2. All general review 3. Should any retail	neer or both that a Owner, being the ped architect and/or her the construction ance with the perfo w reports by the arc ned architect or pro	re licensed to person who intender professional engine is in general commance standard hitect and/or professional engineer	ractice in Ontario; s to construct or have to pineers have been reto informity with the plants s of the Ontario Associates fessional engineers will be cease to provide get	the building constructed lained to provide geners and other documents iation of Architects (OAA I be forwarded promptly neral reviews for any rea	hereby warrants the lareviews of the that form the bas and/or Profession to the Chief Buildingson during constri	construction of the building to is for the issuance of a building nal Engineers Ontario (PEO);
Name of Owner: The undersigned hereby certifies that he/she has read and agrees to the above Date:						
Address of Owner:					Telephor	ne:
Signature of Owner:	a)		Print Name:		Fax:	
Coordinator of the we	<u> </u>				Telephor	ne:
Address:	on an ochountaine.			Fax:		
The undersigned architect and/or professional engineer(s) hereby certify that they have been retained to provide general reviews of the parts of construction of the building indicated, to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the OAA and/or PEO. SHADED PORTION TO BE COMPLETED BY CONSULTANTS ARCHITECTURAL STRUCTURAL MECHANICAL ELECTRICAL SITE SERVICES OTHER (SPECIFY):						
Consultant Name:			Signature:	Print Name:		Date:
Telephone:	Fax:		Address:			
ARCHITECTURAL Consultant Name:	□ STRUCTURAL	□ MECHANICAL	☐ ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIF	n: Date:
Telephone:	Fax:		Address:			
ARCHITECTURAL Consultant Name:	STRUCTURAL	□ MECHANICAL	☐ ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIFY	ก: Date:
Telephone:	Fax:		Address:			
ARCHITECTURAL Consultant Name:	□ STRUCTURAL	□ MECHANICAL	ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIFY	n: Date:
Telephone:	Fax:		Address:			